

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
*(FOR USE WITH FORM PTO-875)*

SERIAL NO. / FILING DATE

APPLICATIONS

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**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓					
2		✓				
3		✓				
4		✓				
5	✓					
6		✓				
7		✓				
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50						
TOTAL IND.	2					
TOTAL DEP.	36					
TOTAL CLAIMS	32					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND						
TOTAL DEP						
TOTAL CLAIMS						

\* MAY BE USED FOR ACCREDITATION AS A MEMBER OF ACCREDITED INSTITUTIONS.